Form RD 1944-25 (Rev. 9-98)

United States Department of Agriculture Rural Development Rural Housing Service

FORM APPROVED OMB NO. 0575-0033

WARNING: Section 1001 of Title 18, United States Code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully ... makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both "

years, or bour								
	REQUEST F	OR REN	TAL ASS	ISTANCE	SU	TIAL REQUI BSEQUENT I PLACEMENT	REQUEST	
1. Name of Borrower								
2. Address								
3. Location of Project			4. T	Γotal Number of	f Units in Pr	oject		
I or we hereby request	units of rental assistance for the above project after determining that a total							
	households qua	alify for rent	al assistance	as identified by	the attache	d copy of Fo	orm RD 1944-2	
"Project Worksheet For Inter-	est Credit and Rental As	sistance." If	this request	is granted, the p	project will h	nave a total		
of	rental assistance u	ınits which ı	represents _			percent of the	he units in the	
project. Based on the attached	d Form RD 1944-29 the	rental assist	ance should	be provided as t	follows:			
NUMBER FOR		Number, Size, and Monthly Rental Rate*						
		O-BR	<u>1-BR</u>	<u>2-BR</u>	<u>3-BR</u>	<u>4-BR</u>	<u>5-BR</u>	
Handicapped/Disabled or Senior Citizen Household ———	—— Number							
	Basic Rent							
	Note Rate Rent							
Low Income Household	Number							
	Basic Rent .							
	Note Rate Rent .							
I or We certify that the above info agree that actual assignment of th successor Agency.				•		-		
For USDA Uso	·	I	Borrower—					
State———————————————————————————————————		l I	Зу				g:	
Borrower I.D. and Project Number							Signature	
Fund Code & Loan No.		_					Title	
Rental Assistance Agreement No.		1 *	*Monthly rer	ntal rates includ	e utility allo	wances		

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0033. The time required to complete this information collection is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

SUBJECT Servicing Office Review of Request for Rental Assistance

TO: State Director

and	cannot be provided. (State reason if assistance cannot be pr	ovided.)	
The project is presently on	perating on a: (Check all that ap	ply)		
Direct loan ba	pasis The lo	an was approved		
Profit basis		Date of Note		
Nonprofit bas	sis	Amount of Note		
Limited Profi		Fund Code & Loan No		
Interest Cred		ds obtained from Finance Office in: Single Advance		
Interest Credit	Plan 11	Multiple Advance —		
Section 8 Re	ental Assistance Payments Progr	am for new construction for	units	
Section 8 Res	ental Assistance Payments Progr	am for existing housing with	families	
	applicable in accordance with e	e is granted that the project will be opxisting instructions.	perated on a nonprofit of	
It is my determination that	at the budget has been approved	and the rental rates are acceptable.		
It is my determination that Other Comments:	at the budget has been approved	and the rental rates are acceptable.		
•	at the budget has been approved	and the rental rates are acceptable.		
•	at the budget has been approved	and the rental rates are acceptable.		
•			SIGNATUR	
Other Comments:			SIGNATUR SERVICING OFFICIAL	